

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF OKLAHOMA

(1) JAMES D. BUCHANAN,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Case No.: 18-CV-171-RAW
	)	
(1) TURN KEY HEALTH CLINICS, LLC,	)	
(2) ROB FRAZIER, in his official capacity as	)	
Muskogee County Sheriff,	)	
(3) BOARD OF COUNTY COMMISSIONERS	)	
OF MUSKOGEE COUNTY,	)	
(4) DR. COOPER, and	)	
(5) KATIE MCCULLAR, LPN,	)	
	)	
Defendants.	)	

---

**EXHIBITS IN SUPPORT OF DEFENDANT, TURN KEY HEALTH CLINICS, LLC  
MOTION FOR SUMMARY JUDGMENT ON ALL CLAIMS AND BRIEF IN SUPPORT**

---

**Exhibit 3 Frank Greenhaw**

GREENHAW CHIROPRACTIC  
1805 N. YORK  
MUSKOGEE, OK 74403  
(918) 686-7107

3584 3 10/21/17

DOUG (JAMES) BUCHANAN  
4910 DENISON  
MUSKOGEE, OK 74401

YAA

This listing covers services to 9/21/2017 Prev.Bal.: 0.00  
The following debits have not yet been satisfied.  
Any displayed credits have been applied to prior debits.

10/21/16	99203	EXAMINATION	3	100.00	100.00
10/21/16	97014	INTERFERENTIAL	3	25.00	125.00
10/21/16	97010	HOT/COLD PACKS	3	12.50	137.50
10/21/16	A4556	SMALL DISPOSABLE ELECTRODES	3	11.00	148.50
10/21/16	99070	BIOFREEZE	3	14.00	162.50
10/21/16	99070	ICE PACK (TAKE HOME)	3	10.00	172.50
10/24/16	97014	INTERFERENTIAL	3	25.00	197.50
10/24/16	97010	HOT/COLD PACKS	3	12.50	210.00
10/24/16	A4556	SMALL DISPOSABLE ELECTRODES	3	11.00	221.00
10/26/16	97014	INTERFERENTIAL	3	25.00	246.00
10/26/16	97010	HOT/COLD PACKS	3	12.50	258.50
10/26/16	A4556	SMALL DISPOSABLE ELECTRODES	3	11.00	269.50
10/31/16	97014	INTERFERENTIAL	3	25.00	294.50
10/31/16	97010	HOT/COLD PACKS	3	12.50	307.00
10/31/16	A4556	SMALL DISPOSABLE ELECTRODES	3	11.00	318.00

3584 09/21/17 10/21/17 .00 318.00 318.00

GREENHAW CHIROPRACTIC, 1805 N. YORK, MUSKOGEE, OK 74403

FRANK GREENHAW 001

Exhibit 3

## APPLICATION FOR TREATMENT

Date 10-21-16

Name Doug Buchanan Age 54 Birthdate [REDACTED]

Address 4910 DENVER City MURKIN State MO ZIP Code 63101

Home Phone Number [REDACTED] Phone at Work [REDACTED] Referred to our office by [REDACTED]

Check if you are: Married [REDACTED] Single ☒ Widowed [REDACTED] Divorced [REDACTED] Separated [REDACTED]

Employer [REDACTED] Occupation [REDACTED]

Please describe the principal health problems for which you came to this office. NECK + SHOULDERS

How and when did symptoms first occur? AFTER CAR WRECK -

List any other doctors seen for these problems [REDACTED]

List diagnosis(es) and type of treatment(s) [REDACTED]

Does this interfere with your normal living and work? Yes ☒ No [REDACTED] In what way? I CAN'T DO MY JOB.

Have you lost any days of work? Yes ☒ No [REDACTED] Dates NOT WORKING

Have you had similar symptoms or injuries before? Yes [REDACTED] No ☒ If yes, explain [REDACTED]

List the names of any relatives that have or have had a similar problem STEVE BUCHANAN

Who is responsible for your bill? Self [REDACTED] Spouse [REDACTED] Employer [REDACTED] Insurance ☒ Other ATTORNEY

How payment will be made: [REDACTED] Type of Insurance: [REDACTED]

[REDACTED] Cash [REDACTED] Worker's Compensation [REDACTED] Health Insurance [REDACTED]

[REDACTED] Check [REDACTED] Automobile Ins. Policy [REDACTED]

Name of Company and Address [REDACTED]

## PAST HISTORY

Have you been treated for any health condition by a physician in the last year? Yes ☒ No [REDACTED]

If yes, explain: CAR WRECK

Have you or any relative received Chiropractic treatment previously? Yes [REDACTED] No ☒ If yes, explain [REDACTED]

List the approximate dates of any operations, unusual diseases, serious illnesses or accidents you have had (include any broken bones)

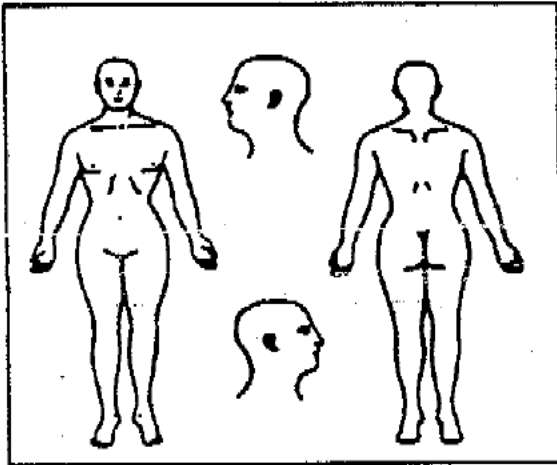
9-16-16

List all drugs or medication that you have used recently (i.e., aspirin, sleeping pills, birth control pills, etc.) 52 PILL, PAIN

PILLS

Name of wife or husband \_\_\_\_\_ Ages of children \_\_\_\_\_  
 Spouse's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Your nearest Relative \_\_\_\_\_  
 Relative's Address \_\_\_\_\_

Please mark your areas of pain on the figures below.



List the conditions that you are most interested in getting corrected. List in order of importance:

1. NECK
2. SHOULDERS
3. \_\_\_\_\_
4. \_\_\_\_\_

What functions are you unable to perform or induce pain upon performance? List in order of severity. (Example: sitting, walking, bending, lying down, etc.)

1. ALMOST ANYTHING
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

FEES ARE PAYABLE AT THE TIME X-RAYS, EXAMINATIONS AND TREATMENTS ARE RECEIVED UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE. X-RAYS REMAIN THE PROPERTY OF THIS CLINIC. I HEREBY GIVE PERMISSION FOR TREATMENT.

Signature of Patient [Signature] Social Security Number [REDACTED]

Patient Name Buchanan

Date 10/21/2016

**CHART NOTES**

O: Pt hit by car while riding Bicycle. 9-16-16

Neck pain, upper back pain,

P: better- Nothing

worse- ADL movement

Q: Intense pain, Constant

R: Left arm to the hand - Lt worse

Right arm to the elbow

S: C5 T5

T: Constant

Pt went to Eaststar ER, then to

St Johns. - Stayed for 2 weeks.

Pt. has Fracture ribs on Left side.

See records

No metal

**Greenhaw Chiropractic****Treatment and Progress Notes**

1805 North York St, Suite H

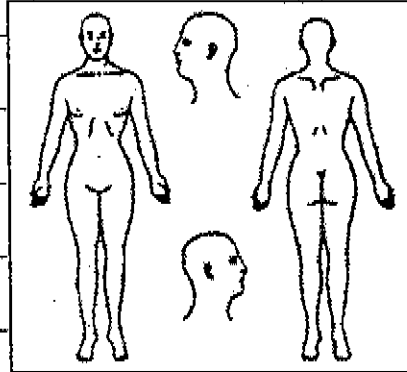
Muskogee, OK 74403

Telephone (918) 686-7107

Fax (918) 686-7125

**PATIENT'S DAILY PROGRESS REPORT / TREATMENT NOTES / DOCUMENTATION**Patient's Name BUCHANAN  
(Please print) lastJAMES  
first  
DOWSDate 10-27-16

Please indicate precisely the area of your symptoms using "XXX" on the figures below

Progress Report \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Since your last visit**Any NEW conditions? Yes No

New accident / injury? Yes No

Have you seen another  
doctor? Yes No

Have you missed work? Yes No

If you missed time from  
work are you still off? Yes No

Last date worked \_\_\_\_\_

Name your conditions in the spaces below:

Please circle current pain level

Compared to last Visit

1. \_\_\_\_\_

Better										Worse	
0	1	2	3	4	5	6	7	8	9	10	

Better Same Worse

2. \_\_\_\_\_

Better										Worse	
0	1	2	3	4	5	6	7	8	9	10	

Better Same Worse

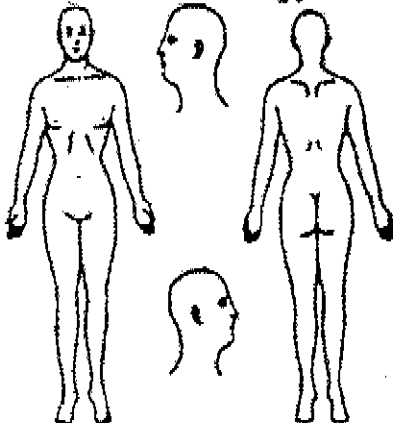
3. \_\_\_\_\_

Better										Worse	
0	1	2	3	4	5	6	7	8	9	10	

Better Same Worse

Patient's Signature \_\_\_\_\_

Please Do not write below this line

**Areas of Therapy****Doctors Notes**


---

---

---

---

---

---

---

---

---

---

FRANK GREENHAW 005

## Greenhaw Chiropractic

## Treatment and Progress Notes

1805 North York St, Suite H

Muskogee, OK 74403

Telephone (918) 686-7107

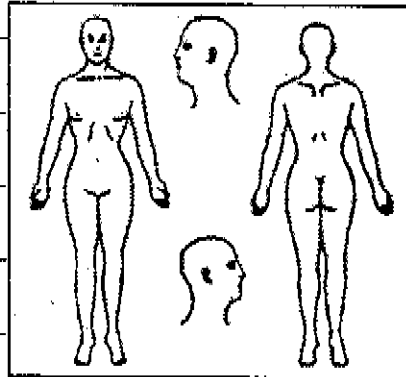
Fax (918) 686-7125

## PATIENT'S DAILY PROGRESS REPORT / TREATMENT NOTES / DOCUMENTATION

 Patient's Name BUTLAND DOUG Date 10-31-16  
 (Please print) last first

Please indicate precisely the area of your symptoms using "XXX" on the figures below

Progress Report \_\_\_\_\_



## Since your last visit

Any NEW conditions? Yes No

New accident / injury? Yes No

Have you seen another doctor? Yes No

Have you missed work? Yes No

If you missed time from work are you still off? Yes No

Last date worked \_\_\_\_\_

Name your conditions in the spaces below:

1. ARM
2. NECK
3. SHOULDERS

Please circle current pain level

 Better 0 1 2 3 4 5 6 7 8 9 10 Worse

 0 1 2 3 4 5 6 7 8 9 10

 0 1 2 3 4 5 6 7 8 9 10

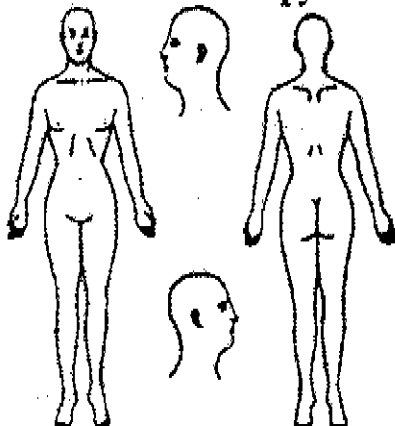
Compared to last Visit

Better Same WorseBetter Same WorseBetter Same Worse

Patient's Signature \_\_\_\_\_

Please Do not write below this line

## Areas of Therapy



## Doctors Notes

pt's brother Stan called the office  
 said Doug could not return for  
 treatment because he was in jail.  
 11-4-16

FRANK GREENHAW 006

Exhibit 3

**Greenhaw Chiropractic****Treatment and Progress Notes**

1805 North York St, Suite H

Muskogee, OK 74403

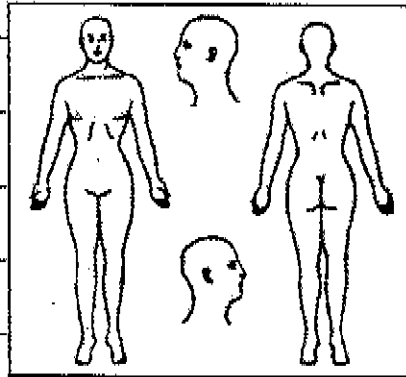
Telephone (918) 686-7107

Fax (918) 686-7125

**PATIENT'S DAILY PROGRESS REPORT / TREATMENT NOTES / DOCUMENTATION**
 Patient's Name BURGANN, JAMES Date 10-26-16  
 (Please print) last first

Please indicate precisely the area of your symptoms using "XXX" on the figures below

Progress Report \_\_\_\_\_

**Since your last visit**Any NEW conditions? Yes ☒ NoNew accident / injury? Yes ☒ NoHave you seen another doctor? Yes ☒ NoHave you missed work? ☒ Yes NoIf you missed time from work are you still off? Yes ☒ No

Last date worked \_\_\_\_\_

Name your conditions in the spaces below:

1. NECK & SHOULDERS

2. \_\_\_\_\_

3. \_\_\_\_\_

Please circle current pain level

Better

0 1 2 3 4 5 6 7 8 9 10

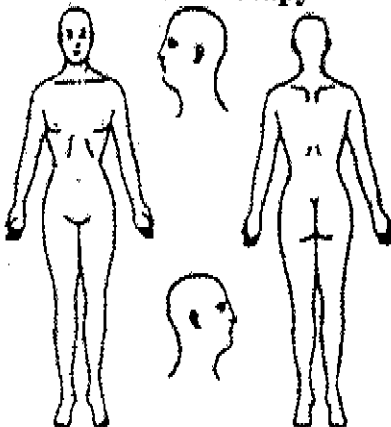
Worse

Compared to last Visit

Better ☒ Same WorseBetter ☐ Same ☐ WorseBetter ☐ Same ☐ Worse

Patient's Signature \_\_\_\_\_

Please Do not write below this line

**Areas of Therapy****Doctors Notes**


---

---

---

---

---

---

---

---

---

---

FRANK GREENHAW 007

Exhibit 3



**Greenhaw Chiropractic****Treatment and Progress Notes**

1805 North York St, Suite H

Muskogee, OK 74403

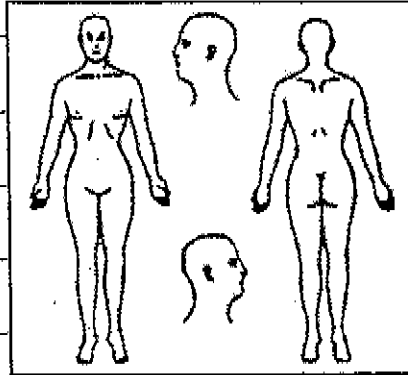
Telephone (918) 686-7107

Fax (918) 686-7125

**PATIENT'S DAILY PROGRESS REPORT / TREATMENT NOTES / DOCUMENTATION**
 Patient's Name BULLMAN JAMES Date 10-24-18  
 (Please print) last first

Please indicate precisely the area of your symptoms using "XXX" on the figures below

Progress Report \_\_\_\_\_

**Since your last visit**Any NEW conditions? Yes NoNew accident / injury? Yes NoHave you seen another doctor? Yes NoHave you missed work? Yes NoIf you missed time from work are you still off? Yes NoLast date worked AUGUST

Name your conditions in the spaces below:

Please circle current pain level

Compared to last Visit

1. NECK
 Better 0 1 2 3 4 5 6 7 8 9 10 Worse
Better Same Worse2. SHOULDERS
 0 1 2 3 4 5 6 7 8 9 10
Better Same Worse

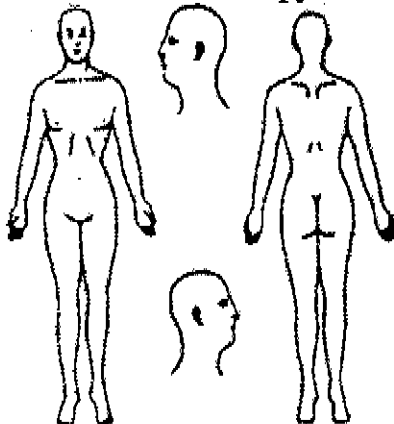
3. \_\_\_\_\_

0 1 2 3 4 5 6 7 8 9 10

Better Same Worse

Patient's Signature \_\_\_\_\_

Please Do not write below this line

**Areas of Therapy****Doctors Notes**


---

---

---

---

---

---

---

---

---

---

FRANK GREENHAW 008

Exhibit 3

Kenneth R. Trinidad, D.O.  
1006 West 23<sup>rd</sup> Street  
Tulsa, Oklahoma 74107

918-742-4881  
FAX: 918-742-5854

### INITIAL EVALUATION

October 27, 2016

**PATIENT:** Buchanan, Doug  
54468

**HISTORY:** Doug Buchanan is a 54-year-old male who gives a history of injuries that occurred in a bicycle/motor vehicle accident on or about September 16, 2016. The patient was hit from behind and was knocked to the ground. He lost consciousness at the scene. He injured his neck, upper back, left chest and left shoulder. He was taken by ambulance to Eastar Medical Center. X-rays and CAT scans were obtained. He was transferred to Saint Francis Hospital in Tulsa and was hospitalized for two weeks. He had left rib fractures with a pneumothorax and a chest tube was placed. He also had neck and back injuries. He was placed on medicines. He returned home to Muskogee and saw Dr. Frank Greenhaw, a chiropractic physician, and has been on treatment.

**PRESENT SYMPTOMS:** Mr. Buchanan complains of constant pain and spasm in his neck and upper to mid-back with pain and paresthesias into the left arm. He has moderate to severe headaches associated with the neck injury. He has pain and stiffness in his left shoulder with crepitance and restricted movement and weakness in the shoulder.

**PAST PERSONAL HISTORY:** In 1965, at age three, he was run over and had a right tibia fracture. In 1976, he had a motorcycle accident and had a right wrist fracture, left femur and left tibia fracture. He had a motor vehicle accident in 1985 with a sternal fracture. He had a left wrist fracture at age 14. His past medical history is unremarkable. His past surgical history includes thoracostomy tube and left leg traction. He has no allergies to medicines. He is currently taking no medications. His social history reveals that he was working at Whitlock Packing full-time, but has been off since the accident.

**PHYSICAL EXAMINATION:** A physical examination performed in my office on this date revealed his vital signs to be stable, height 5' 10" and weight 140 pounds. In general, the patient was a 54-year-old male who was alert and cooperative. Examination of his left shoulder revealed tenderness over the bicipital groove. There was crepitance in the shoulder with movement. There was weakness in the

FRANK GREENHAW 009

Buchanan, Doug  
October 27, 2016  
Chart Number: 54468  
Page Two

muscles of the shoulder girdle on the left to resistance testing. Range of motion testing of the left shoulder revealed flexion 150 degrees, extension 20 degrees, abduction 120 degrees, adduction 50 degrees, internal rotation 30 degrees and external rotation 50 degrees. He is left hand dominant.

**CERVICAL SPINE:** Musculoskeletal examination revealed tenderness and spasm from C1 through C7 bilaterally. Range of motion testing in the cervical spine revealed flexion to be 30 degrees, extension 20 degrees, right lateral bending 20 degrees, left lateral bending 20 degrees, right rotation 30 degrees and left rotation 30 degrees.

**THORACIC SPINE:** Examination of the thoracic spine revealed tenderness and spasm from T1 through T10 bilaterally. The remainder of the examination was noncontributory.

**RADIOGRAPHS:** Radiographs will be reviewed at a later date from St. John Medical Center.

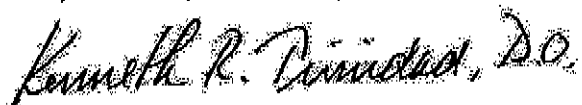
**IMPRESSIONS:**

1. Acute cervical and thoracic spine injury, left shoulder injury, left rib fractures with pneumothorax, posttraumatic headaches resulting from a bicycle/motor vehicle accident of September 16, 2016.

**PLAN:**

1. Naproxen 500 mg twice a day with food as an anti-inflammatory.
2. Robaxin 500 mg one-half to one tablet 3-4 times daily as a muscle relaxant.
3. Norco 10 mg as needed for pain.
4. Continue treatment with Dr. Greenhaw.
5. I will reevaluate his status in two weeks.

I declare under penalty of perjury that I have examined the above report and the statements contained herein and, to the best of my knowledge and belief, they are true, correct, and complete.



Kenneth R. Trinidad, D.O.  
KRT: ldc

FRANK GREENHAW 010

Patient Name Buchanan

Date 10/21/2016

**CHART NOTES**

O: Pt hit by car while riding Bicycle 9-16-16  
Neck pain, upper back pain,

P: better- Nothing

worse- ADL movement

Q: Intense pain, Constant

R: Left arm to the hand - Lt worse  
Right arm to the elbow

S: C/S T/S

T: Constant

Pt went to Eaststar ER, then to  
St Johns - Stayed for 2 weeks,  
Pt has Fracture ribs on Left side,  
See records

No metal

## APPLICATION FOR TREATMENT

Date 10-21-16

Name Doug Buchanan Age 54 Birthdate [REDACTED]  
 Address 4910 DENSON City MOBILE State AL ZIP Code 36601  
 Home Phone Number [REDACTED] Phone at Work [REDACTED] Referred to our office by [REDACTED]  
 Check if you are: Married [REDACTED] Single [REDACTED] Widowed [REDACTED] Divorced [REDACTED] Separated [REDACTED]  
 Employer [REDACTED] Occupation [REDACTED]

Please describe the principal health problems for which you came to this office.

NECK & SHOULDERSHow and when did symptoms first occur? AFTER CAR WRECK -

List any other doctors seen for these problems

List diagnosis(es) and type of treatment(s)

Does this interfere with your normal living and work? Yes [REDACTED] No [REDACTED] In what way? I CAN'T DO MUCHHave you lost any days of work? Yes [REDACTED] No [REDACTED] Dates NOT WORKINGHave you had similar symptoms or injuries before? Yes [REDACTED] No [REDACTED] If yes, explainList the names of any relatives that have or have had a similar problem STAN BUCHANAN

Who is responsible for your bill? Self [REDACTED] Spouse [REDACTED] Employer [REDACTED] Insurance [REDACTED] Other ATTORNEY  
 How payment will be made: Type of Insurance:  
Cash Worker's Compensation [REDACTED] Health Insurance  
Check Automobile Ins. Policy

Name of Company and Address

## PAST HISTORY

Have you been treated for any health condition by a physician in the last year? Yes [REDACTED] No [REDACTED]If yes, explain: CAR WRECKHave you or any relative received Chiropractic treatment previously? Yes [REDACTED] No [REDACTED] If yes, explain

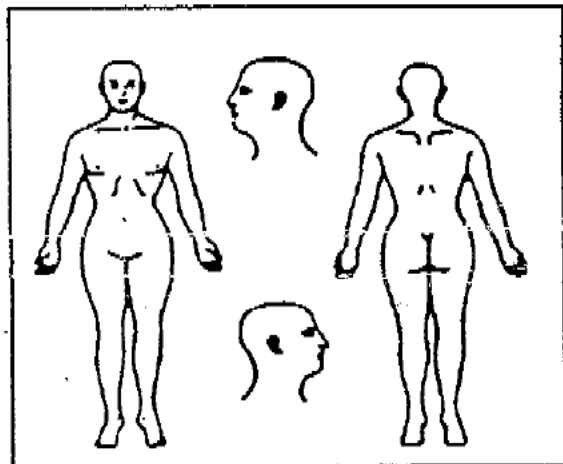
List the approximate dates of any operations, unusual diseases, serious illnesses or accidents you have had (include any broken bones)

9-16-16List all drugs or medication that you have used recently (i.e., aspirin, sleeping pills, birth control pills, etc.) 52 PLUS PAINPRILIS

## FAMILY HISTORY

Name of wife or husband [REDACTED] Ages of children [REDACTED]  
 Spouse's Employer [REDACTED] Business Phone [REDACTED]  
 Your nearest Relative [REDACTED]  
 Relative's Address [REDACTED]

Please mark your areas of pain on the figures below.



List the conditions that you are most interested in getting corrected. List in order of importance:

- NECK
- SHOULDERS
- 
- 

What functions are you unable to perform or induce pain upon performance?

List in order of severity. (Example: sitting, walking, bending, lying down, etc.)

- ALMOST ANYTHING
- 
- 
- 

FEES ARE PAYABLE AT THE TIME X-RAYS, EXAMINATIONS AND TREATMENTS ARE RECEIVED UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE. X-RAYS REMAIN THE PROPERTY OF THIS CLINIC. I HEREBY GIVE PERMISSION FOR TREATMENT.

Signature of Patient [REDACTED]Social Security Number [REDACTED]

## SUBJECTIVE

1. See pain chart on front  
 2. See Doctor's notes  
 3. New areas of Symptomatology  
 Headaches Cervical  
 Thoracic Lumbar  
 Shoulder Arm  
 Wrist Hand  
 Leg Knee  
 Ankle Foot  
 Other

## OBJECTIVE

1. Posture Analysis  
 2. Gait: Antalgic / Normal / Improved  
 3. Palpation C/T/L Lesions  
 4. Spasm C/T/L L/R Bilateral  
 5. Short Leg L / R  
 1/8 1/4 1/2 1"  
 6. Short Arm L / R  
 1/8 1/4 1/2 1"

7. Trigger points  
 8. ROM C/T/L Improved / WNL  
 Restricted: all planes/flex/ext  
 L/Rot / R/Rot / LL Flex / RL Flex  
 9. Pain Algometer  
 10. X-ray (See Report)  
 11. Reflex(es)  
 12. Pain Asymmetry  
 Restriction Tone  
 13. See Exam Form

## Chiropractic Manipulative Treatment

Spinal: Cervical Thoracic Lumbar  
 Sacral Pelvic

Extraspinal: Head TMJ

Shoulder Elbow Wrist Hand  
 Finger Rib Hip Knee  
 Ankle Foot Toe

## THERAPY - LOCATION/SETTING

Hot/Cold pack / IS Traction  
 Diathermy / Long axis traction  
 EMS-High volt / US  
 EMS - Interferential / US/HVG comb

## TECHNIQUE

Activator High velocity thrust

## PROGNOSIS

1. Long term / short term  
 2. Excellent  
 3. Good  
 4. Fair  
 5. Poor  
 6. Guarded  
 7. MCI/MMI  
 8. Expected residual impairment  
 9. Too soon to tell  
 10. Unknown  
 11. Patient decided not to follow thru w/recommended treatment therefore long-term prognosis is unknown.

## ASSESSMENT

1. Progress as expected  
 2. Progress slow but steady  
 3. Progress faster than expected  
 4. Progress slower than expected  
 5. Immediate improvement with treatment  
 6. Patient setback attributed to:  
 re-injury new injury  
 fatigue lifestyle  
 chronicity overuse  
 instability overload  
 pregnancy superimposed injury  
 7. Adjustment is holding longer  
 8. Pt not responding to treatment as expected  
 9. Pt has new condition., see Dr. notes, history

## PLAN

1. Initial working Diagnosis  
 2. Change in working Diagnosis  
 3. Order initial x-rays  
 4. Re-x-ray  
 5. X-ray new region of complaint  
 6. Treatment  
 Therapeutic  
 Elective  
 Maintenance  
 7. Continue / discontinue treatment  
 8. Change / reduce / increase treatment  
 9. Patient given Report of Findings  
 10. Patient will return for ROF  
 11. Patient given therapeutic exercise  
 12. Patient told to use ice (20 min. BID)  
 13. Patient told to use moist / dry heat (30 min. BID)  
 14. Patient given pamphlet  
 15. Patient given restrictions of physical activities - see notes  
 16. Patient referred for evaluation / Treatment  
 17. Referred for special diagnostic imaging: CT / MRI  
 18. Patient referred for rehab

Doctor's Signature

New Diagnosis

M T W T F 1W 2W 3W 1M

Amt. Paid

## Evaluation/Management New Patient

1. 99201 Brief  
 2. 99202 Limited  
 3. 99203 Intermediate  
 4. 99204 Extended  
 5. 99205 Comprehensive

## Evaluation/Management Estab. Patient

6. 99211 Minimal  
 7. 99212 Limited  
 8. 99213 Intermediate  
 9. 99214 Extended  
 10. 99215 Comprehensive

## Radiology

11. 72010 Full Spine A-P/Lat.  
 12. 72020 Spine, single view  
 13. 72040 Cervical 2-3 views  
 14. 72050 Cervical series min 4 views  
 15. 72052 Cervical Complete Inc Flex/Ext  
 16. 72070 Thoracic 2 views  
 17. 72080 Thoracolumbar 2 views  
 18. 72090 Scoliosis study, supine and erect  
 19. 72100 Lumbosacral 2-3 views

## Radiology (Continued)

20. 72110 L/S Min. 4 Views  
 21. 72114 L/S complete w/ Bending  
 22. 72120 L/S Bending only Min 4 view  
 23. 76140 Consultation on x-ray

## Chiropractic Manipulative Treatment

24. 98940 CMT Spinal 1-2 Regions  
 25. 98941 CMT Spinal 3-4 Regions  
 26. 98942 CMT Spinal 5 Regions  
 27. 98943 Extraspinal, 1 or more reg.

## Physical Medicine Modalities

## Supervised

28. 97010 Hot or Cold Packs  
 29. 97012 Traction Mechanical  
 30. 97014 Elec. Stim (unattended)  
 31. 97016 Vasopneumatic Devices  
 32. 97024 Diathermy

## Constant Attendance (Each 15 Min)

33. 97032 Elec. Stimulation (Man)  
 34. 97033 Iontophoresis  
 35. 97034 Contrast Baths  
 36. 97035 Ultrasound  
 39. Unlisted

## Therapeutic Procedures

## (Each 15 Minutes)

38. 97110 Therapeutic Exercise  
 39. 97112 Neuromuscular Re-Ed  
 40. 97113 Aquatic Exercises  
 41. 97116 Gait Training  
 42. 97124 Ther. Massage  
 43. 97139 Unlisted Ther. Procedure  
 44. 97140 Manual Therapy Tech.  
 45. 97150 Ther. Proceed. Group  
 46. 97504 Orthotics Fitting & Train  
 47. 97530 Therapeutic Activities  
 Tests and Measurements  
 (Each 15 minutes)  
 48. 97750 Physical Performance Test  
 Other Procedures  
 49. 97799 Unlisted Phys. Proceed.

## Special Services and Reports

50. 99078 Physician Education  
 51. 99080 Special reports  
 52. 99002 Hand/Orthotics  
 53. 99050 Scr

## Special Services and Reports

54. 99052 Services between 10:00 PM & 8:00 AM  
 55. 99054 Services on Sundays & Holidays  
 56. 99070 Supplies  
 57. 99070 Supplies  
 58. 99075 Medical Testimony  
 Other  
 59. L0120 Cervical Collar Foam  
 60. L0140 Cervical Collar Plastic  
 61. L0210 Thoracic Rib Belt  
 62. L0315 Thoracic Lumbar-Sacral orthosis  
 63. L0515 Lumbar-Sacral Orth. flexible ribbed  
 64. L1800 Knee Orthosis, Elastic with stays  
 65. L3030 Foot Orthotic  
 66. L3350 Heel Wedge  
 67. Sub 2000  
 68. Off. Hrs. 09.

Exhibit 3

FRANK GREENHAW 013



1. See pain chart on front  
 2. See Doctor's notes  
 3. New areas of Symptomatology  
 Headaches Cervical  
 Thoracic Lumbar  
 Shoulder Arm  
 Wrist Hand  
 Leg Knee  
 Ankle Foot  
 Other \_\_\_\_\_

1. Posture Analysis  
 2. Gait Antalgic / Normal / Improved  
 3. Palpation C/T/L Lesions  
 4. Spasm C/T/L L/R Bilateral  
 5. Short Leg L / R  
 1/8 1/4 1/2 1"  
 6. Short Arm L / R  
 1/8 1/4 1/2 1"

7. Trigger points  
 8. ROM C/T/L Improved / WNL  
 Restricted: all planes/flex/ext  
 LRot / RRot / L/Flex / R/Flex  
 9. Pain Algometer  
 10. X-ray (See Report)  
 11. Reflex(es)  
 12. Pain Asymmetry  
 Restriction Tone  
 13. See Exam Form

**Chiropractic Manipulative Treatment**  
**Spinal:** Cervical Thoracic Lumbar  
 Sacral Pelvic

**Extraspinal:** Head TMJ  
 Shoulder Elbow Wrist Hand  
 Finger Rib Hip Knee  
 Ankle Foot Toe

**THERAPY - LOCATION/SETTING**

C/T/L Hot/Cold pack / IS Traction  
 / Diathermy / Long axis traction  
 / EMS-High volt / US  
 / EMS - Interferential / US/HVG comb

**TECHNIQUE**

Activator High velocity thrust

**PROGNOSIS**

1. Long term / short term  
 2. Excellent  
 3. Good  
 4. Fair  
 5. Poor  
 6. Guarded  
 7. MCI/MMI  
 8. Expected residual impairment  
 9. Too soon to tell  
 10. Unknown  
 11. Patient decided not to follow thru w/recommended treatment therefore long-term prognosis is unknown.

**ASSESSMENT**

1. Progress as expected  
 2. Progress slow but steady  
 3. Progress faster than expected  
 4. Progress slower than expected  
 5. Immediate improvement with treatment  
 6. Patient setback attributed to:  
 re-injury new injury  
 fatigue lifestyle  
 chronicity overuse  
 instability overload  
 pregnancy superimposed injury  
 7. Adjustment is holding longer  
 8. Pt not responding to treatment as expected  
 9. Pt has new condition., see Dr. notes, history

**PLAN**

1. Initial working Diagnosis  
 2. Change in working Diagnosis  
 3. Order initial x-rays  
 4. Re-x-ray  
 5. X-ray new region of complaint  
 6. Treatment  
 Therapeutic  
 Elective  
 Maintenance  
 7. Continue/discontinue treatment  
 8. Change/reduce/increase treatment  
 9. Patient given Report of Findings  
 10. Patient will return for ROF  
 11. Patient given therapeutic exercise  
 12. Patient told to use ice (20 min. BID)  
 13. Patient told to use moist/dry heat (30 min. BID)  
 14. Patient given pamphlet  
 15. Patient given restrictions of physical activities - see notes  
 16. Patient referred for evaluation / Treatment  
 17. Referred for special diagnostic imaging: CT / MRI  
 18. Patient referred for rehab

Doctor's Signature

New Diagnosis

M T W T F 1W 2W 3W 1M

Amt. Paid

**Evaluation/Management New Patient**

1. 99201 Brief  
 2. 99202 Limited  
 3. 99203 Intermediate  
 4. 99204 Extended  
 5. 99205 Comprehensive

**Evaluation/Management Estab. Patient**

6. 99211 Minimal  
 7. 99212 Limited  
 8. 99213 Intermediate  
 9. 99214 Extended  
 10. 99215 Comprehensive

**Radiology**

11. 72010 Full Spine A-P/Lat.  
 12. 72020 Spine, single view  
 13. 72040 Cervical 2-3 views  
 14. 72050 Cervical series min 4 views  
 15. 72052 Cervical Complete Inc Flex/Ext  
 16. 72070 Thoracic 2 views  
 17. 72080 Thoracolumbar 2 views  
 18. 72090 Scoliosis study, supine and erect  
 19. 72100 Lumbosacral 2-3 views

**Radiology (Continued)**

20. 72110 L/S Min. 4 Views  
 21. 72114 L/S complete w/ Bending  
 22. 72120 L/S Bending only Min 4 view  
 23. 76140 Consultation on x-ray

**Chiropractic Manipulative Treatment**

24. 98940 CMT Spinal 1-2 Regions  
 25. 98941 CMT Spinal 3-4 Regions  
 26. 98942 CMT Spinal 5 Regions  
 27. 98943 Extraspinal, for more reg.

**Physical Medicine Modalities**

**Supervised**

28. 97010 Hot or Cold Packs  
 29. 97012 Traction Mechanical  
 30. 97014 Elec. Stim (unattended)  
 31. 97016 Vasopneumatic Devices  
 32. 97024 Diathermy

**Constant Attendance (Each 15 Min)**

33. 97032 Elec. Stimulation (Man)  
 34. 97033 Iontophoresis  
 35. 97034 Contrast Baths  
 36. 97035 Ultrasound  
 39. Unlisted

**Therapeutic Procedures**

- (Each 15 Minutes)  
 38. 97110 Therapeutic Exercise  
 39. 97112 Neuromuscular Re-Ed  
 40. 97113 Aquatic Exercises  
 41. 97116 Gait Training  
 42. 97124 Ther. Massage  
 43. 97139 Unlisted Ther. Procedure  
 44. 97140 Manual Therapy Tech.  
 45. 97150 Ther. Proceed, Group  
 46. 97504 Orthotics Fitting & Train  
 47. 97530 Therapeutic Activities  
 48. 97750 Physical Performance Test  
 49. 97799 Unlisted Phys. Proceed.  
 50. 99078 Physician Education  
**Special Services and Reports**  
 51. 99080 Special reports  
 52. 99002 Hand/Orthotics  
 53. 99050 Scr

**Special Services and Reports**

54. 99052 Services between 10:00 PM & 8:00 AM  
 55. 99054 Services on Sundays & Holidays  
 56. 99070 Supplies  
 57. 99070 Supplies  
 58. 99075 Medical Testimony  
 59. L0120 Cervical Collar Foam  
 60. L0140 Cervical Collar Plastic  
 61. L0210 Thoracic Rib Belt  
 62. L0315 Thoracic Lumbar-Sacral orthosis  
 63. L0515 Lumbar-Sacral Orth. flexible ribbed  
 64. L1800 Knee Orthosis, Elastic with stays  
 65. L3030 Foot Orthotic  
 66. L3350 Heel Wedge  
 67.  
 68.  
 69.

Exhibit 3

FRANK GREENHAW 014

- SUBJECTIVE**
1. See pain chart on front
  2. See Doctor's notes
  3. New areas of Symptomatology
 

Headaches	Cervical
Thoracic	Lumbar
Shoulder	Arm
Wrist	Hand
Leg	Knee
Ankle	Foot
Other	

- OBJECTIVE**
1. Posture Analysis
  2. Gait Antalgic / Normal / Improved
  3. Palpation C/C Lesions
  4. Spasm C/T/L L/R Bilateral
  5. Short Leg L / R  
1/8 1/4 1/2 1"
  6. Short Arm L / R  
1/8 1/4 1/2 1"

- 10/24/14**
7. Trigger points
  8. ROM C/T/L Improved / WNL  
Restricted: all planes/flex/ext  
L/Rot / R/Rot / L/LFlex / R/LFlex
  9. Pain Algometer
  10. X-ray (See Report)
  11. Reflex(es)
  12. Pain Asymmetry  
Restriction Tone
  13. See Exam Form

**Chiropractic Manipulative Treatment**  
**Spinal:** Cervical Thoracic Lumbar  
Sacral Pelvic

**Extraspinal:** Head TMJ  
Shoulder Elbow Wrist Hand  
Finger Rib Hip Knee  
Ankle Foot Toe

**THERAPY - LOCATION/SETTING**  
C/T Hot/Cold pack / IS Traction  
/ Diathermy / Long axis traction  
/ EMS-High volt / US  
C/T EMS - Interferential / US/HVG comb

**TECHNIQUE**  
Activator High velocity thrust

### PROGNOSIS

1. Long term / short term
2. Excellent
3. Good
4. Fair
5. Poor
6. Guarded
7. MCI/MMI
8. Expected residual impairment
9. Too soon to tell
10. Unknown
11. Patient decided not to follow thru w/recommended treatment therefore long-term prognosis is unknown.

### ASSESSMENT

1. Progress as expected
2. Progress slow but steady
3. Progress faster than expected
4. Progress slower than expected
5. Immediate improvement with treatment
6. Patient setback attributed to:
 

re-injury	new injury
fatigue	lifestyle
chronicity	overuse
instability	overload
pregnancy	superimposed injury
7. Adjustment is holding longer
8. Pt not responding to treatment as expected
9. Pt has new condition, see Dr. notes, history

### PLAN

- |                                  |  |  |
|----------------------------------|--|--|
| 1. Initial working Diagnosis     | 7. <u>Continue</u> / discontinue treatment             | 15. Patient given restrictions of physical activities -- see notes |
| 2. Change in working Diagnosis   | 8. Change / reduce / increase treatment                | 16. Patient referred for evaluation / Treatment                    |
| 3. Order initial x-rays          | 9. Patient given Report of Findings                    | 17. Referred for special diagnostic imaging: CT / MRI              |
| 4. Re-x-ray                      | 10. Patient will return for ROF                        | 18. Patient referred for rehab                                     |
| 5. X-ray new region of complaint | 11. Patient given therapeutic exercise                 |  |
| 6. Treatment                     | 12. Patient told to use ice (20 min. BID)              |  |
| <u>Therapeutic</u>               | 13. Patient told to use moist / dry heat (30 min. BID) |  |
| Effective                        | 14. Patient given pamphlet                             |  |
| Maintenance                      |  |  |

Doctor's Signature [Signature]

New Diagnosis

M T W T F 1W 2W 3W 1M

Amt. Paid

### Evaluation/Management-New Patient

1. 99201 Brief
2. 99202 Limited
3. 99203 Intermediate
4. 99204 Extended
5. 99205 Comprehensive

### Evaluation/Management Estab. Patient

6. 99211 Minimal
7. 99212 Limited
8. 99213 Intermediate
9. 99214 Extended
10. 99215 Comprehensive

### Radiology

11. 72010 Full Spine A-P/Lat.
12. 72020 Spine, single view
13. 72040 Cervical 2-3 views
14. 72050 Cervical series min 4 views
15. 72052 Cervical Complete Inc Flex/Ext
16. 72070 Thoracic 2 views
17. 72080 Thoracolumbar 2 views
18. 72090 Scoliosis study, supine and erect
19. 72100 Lumbosacral 2-3 views

### Radiology (Continued)

20. 72110 L/S Min. 4 Views
21. 72114 L/S complete w/ Bending
22. 72120 L/S Bending only Min 4 view
23. 76140 Consultation on x-ray

### Chiropractic Manipulative Treatment

24. 98940 CMT Spinal 1-2 Regions
25. 98941 CMT Spinal 3-4 Regions
26. 98942 CMT Spinal 5 Regions
27. 98943 Extraspinal, for more reg.

### Physical Medicine Modalities

- Supervised
28. 97010 Hot or Cold Packs
29. 97012 Traction Mechanical
30. 97014 Elec. Stim (unattended)
31. 97016 Vasopneumatic Devices
32. 97024 Diathermy

### Constant Attendance (Each 15 Min)

33. 97032 Elec. Stimulation (Man)
34. 97033 Iontophoresis
35. 97034 Contrast Baths
36. 97035 Ultrasound
39. Unlisted

### Therapeutic Procedures

- (Each 15 Minutes)
38. 97110 Therapeutic Exercise
39. 97112 Neuromuscular Re-Ed
40. 97113 Aquatic Exercises
41. 97116 Gait Training
42. 97124 Ther. Massage
43. 97139 Unlisted Ther. Procedure
44. 97140 Manual Therapy Tech.
45. 97150 Ther. Proceed. Group
46. 97504 Orthotics Fitting & Train
47. 97530 Therapeutic Activities
- Tests and Measurements (Each 15 minutes)
48. 97750 Physical Performance Test
- Other Procedures
49. 97799 Unlisted Phys. Proceed.

### Special Services and Reports

50. 99078 Physician Education
51. 99080 Special reports
52. 99002 Hand Orthotics
53. 99050 Ser
54. 99052 Services between 10 :00 PM & 8:00 AM
55. 99054 Services on Sundays & Holidays
56. 99070 Supplies
57. 99070 Supplies
58. 99075 Medical Testimony
- Other
59. L0120 Cervical Collar Foam
60. L0140 Cervical Collar Plastic
61. L0210 Thoracic Rib Belt
62. L0315 Thoracic Lumbar-Sacral orthosis
63. L0515 Lumbar-Sacral Orth. flexible ribbed
64. L1800 Knee Orthosis, Elastic with stays
65. L3030 Foot Orthotic
66. L3350 Heel Wedge
- 67.
- 68.
- 69.

FRANK GREENHAW 015

Exhibit 3



**SUBJECTIVE**

1. See pain chart on front  
 2. See Doctor's notes  
 3. New areas of Symptomatology  
 Headaches Cervical  
 Thoracic Lumbar  
 Shoulder Arm  
 Wrist Hand  
 Leg Knee  
 Ankle Foot  
 Other \_\_\_\_\_

**OBJECTIVE**

1. Posture Analysis  
 2. Gait Antalgic / Normal / Improved  
 3. Palpation C/T/L Lesions  
 4. Spasm C/T/L L/R Bilateral  
 5. Short Leg L / R  
 1/8 1/4 1/2 1"  
 6. Short Arm L / R  
 1/8 1/4 1/2 1"

7. Trigger points  
 8. ROM C/T/L Improved / WNL  
 Restricted: all planes/flex/ext  
 L/Rot / R/Rot / LL Flex / RL Flex  
 9. Pain Algometer  
 10. X-ray (See Report)  
 11. Reflex(es)  
 12. Pain Asymmetry  
 Restriction Tone  
 13. See Exam Form

**Chiropractic Manipulative Treatment**

**Spinal:** Cervical Thoracic Lumbar  
 Sacral Pelvic

**Extraspinal:** Head TMJ  
 Shoulder Elbow Wrist Hand  
 Finger Rib Hip Knee  
 Ankle Foot Toe

**THERAPY - LOCATION/SETTING**

C/T/L Hot/cold pack / IS Traction  
 Diathermy / Long axis traction  
 EMS-High volt / US  
 EMS - Interferential / US/HVG comb

**TECHNIQUE**

Activator High velocity thrust

**PROGNOSIS**

1. Long term / short term  
 2. Excellent  
 3. Good  
 4. Fair  
 5. Poor  
 6. Guarded  
 7. MCI/MMI  
 8. Expected residual impairment  
 9. Too soon to tell  
 10. Unknown  
 11. Patient decided not to follow  
 thru w/recommended treatment  
 therefore long-term prognosis  
 is unknown.

**ASSESSMENT**

1. Progress as expected  
 2. Progress slow but steady  
 3. Progress faster than expected  
 4. Progress slower than expected  
 5. Immediate improvement with treatment  
 6. Patient setback attributed to:  
 re-injury new injury  
 fatigue lifestyle  
 chronicity overuse  
 instability overload  
 pregnancy superimposed injury  
 7. Adjustment is holding longer  
 8. Pt not responding to treatment as expected  
 9. Pt has new condition., see Dr. notes, history

**PLAN**

1. Initial working Diagnosis  
 2. Change in working Diagnosis  
 3. Order initial x-rays  
 4. Re-x-ray  
 5. X-ray new region of complaint  
 6. Treatment  
 Therapeutic  
 Elective  
 Maintenance  
 7. Continue / discontinue treatment  
 8. Change / reduce / increase treatment  
 9. Patient given Report of Findings  
 10. Patient will return for ROF  
 11. Patient given therapeutic exercise  
 12. Patient told to use ice (20 min. BID)  
 13. Patient told to use moist / dry heat  
 (30 min. BID)  
 14. Patient given pamphlet  
 15. Patient given restrictions of physical  
 activities - see notes  
 16. Patient referred for evaluation / Treatment  
 17. Referred for special diagnostic  
 imaging: CT / MRI  
 18. Patient referred for rehab

Doctor's Signature

New Diagnosis 847.0 CAD Grade II 847.1, 847.2 728.65 Amt. Paid

M T W T F 1W 2W 3W 1M

**Evaluation/Management New Patient**

1. 99201 Brief  
 2. 99202 Limited  
 3. 99203 Intermediate  
 4. 99204 Extended  
 5. 99205 Comprehensive

**Evaluation/Management Estab. Patient**

6. 99211 Minimal  
 7. 99212 Limited  
 8. 99213 Intermediate  
 9. 99214 Extended  
 10. 99215 Comprehensive

**Radiology**

11. 72010 Full Spine A-P/Lat.  
 12. 72020 Spine, single view  
 13. 72040 Cervical 2-3 views  
 14. 72050 Cervical series min 4 views  
 15. 72052 Cervical Complete Inc Flex/Ext  
 16. 72070 Thoracic 2 views  
 17. 72080 Thoracolumbar 2 views  
 18. 72090 Scoliosis study, supine and erect  
 19. 72100 Lumbosacral 2-3 views

**Radiology (Continued)**

20. 72110 L/S Min. 4 Views  
 21. 72114 L/S complete w/ Bending  
 22. 72120 L/S Bending only Min 4 view  
 23. 76140 Consultation on x-ray

**Chiropractic Manipulative Treatment**

24. 98940 CMT Spinal 1-2 Regions  
 25. 98941 CMT Spinal 3-4 Regions  
 26. 98942 CMT Spinal 5 Regions  
 27. 98943 Extraspinal, for more reg.

**Physical Medicine Modalities****Supervised**

28. 97010 Hot or Cold Packs  
 29. 97012 Traction Mechanical  
 30. 97014 Elec. Stim (unattended)  
 31. 97016 Vasopneumatic Devices  
 32. 97024 Diathermy

**Constant Attendance (Each 15 Min)**

33. 97032 Elec. Stimulation (Man)  
 34. 97033 Iontophoresis  
 35. 97034 Contrast Baths  
 36. 97035 Ultrasound  
 39. Unlisted

**Therapeutic Procedures**

(Each 15 Minutes)

38. 97110 Therapeutic Exercise  
 39. 97112 Neuromuscular Re-Ed  
 40. 97113 Aquatic Exercises  
 41. 97116 Gait Training  
 42. 97124 Ther. Massage  
 43. 97139 Unlisted Ther. Procedure  
 44. 97140 Manual Therapy Tech.  
 45. 97150 Ther. Proceed. Group  
 46. 97504 Orthotics Fitting & Train  
 47. 97530 Therapeutic Activities

**Tests and Measurements**

(Each 15 minutes)

48. 97750 Physical Performance Test  
 Other Procedures  
 49. 97799 Unlisted Phys. Proceed.  
 50. 99078 Physician Education  
 Special Services and Reports  
 51. 99080 Special reports  
 52. 99002 Hand/Orthotics  
 53. 99050 Ser

**Special Services and Reports**

54. 99052 Services between  
 10 :00 PM & 8:00 AM  
 55. 99054 Services on  
 Sundays & Holidays  
 56. 99070 Supplies  
 57. 99070 Supplies  
 58. 99075 Medical Testimony  
 Other  
 59. L0120 Cervical Collar Foam  
 60. L0140 Cervical Collar Plastic  
 61. L0210 Thoracic Rib Belt  
 62. L0315 Thoracic Lumbar-  
 Sacral orthosis  
 63. L0515 Lumbar-Sacral Orth.  
 flexible ribbed  
 64. L1800 Knee Orthosis,  
 Elastic with stays  
 65. L3030 Foot Orthotic  
 66. L3350 Heel Wedge  
 67. Hot pack  
 68. Sub 2000

Exhibit 3

FRANK GREENHAW 016